

EXHIBIT F - Itemization of Other Expenses

Invoice Date	Invoice Amount	Vendor	Description
4/7/2006	\$162.60	Stephen Price	Purchase of Infringing Produce for Evidence
4/18/2006	\$157.76	William Ferrell	Purchase of Infringing Produce for Evidence
3/25/2009	\$74.18	John Scruton	Purchase of Infringing Produce for Evidence
4/6/2009	\$65.00	John Scruton	Purchase of Infringing Produce for Evidence
5/4/2009	\$18,556.21	Advanced Litigation Solutions, Inc.	Audio/Visual Trial Presentation of Evidence
	<u><u>\$19,015.75</u></u>	TOTAL	

Index	Loc	Matter	TKeeper	Date_Disbsd	Quantity	Rate_Worked	Amount	Costcode	Batch_no.	W_Period
		Status	SumFlag	Author/Tax	Date_Billed	Quant_Billed	Rate_Billed	Billed	Ledger	Invoice_no.

Voucher: 396208 Vendor: 900072 STEPHEN H. PRICE Check: 146939										
6142470	1	MISC. REIMBURSEMENT: PURCHASE OF FALLON								
6142471	2	PRODUCT INFRINGING CLIENT'S PATENT- STEPHEN								
6142472	3	PRICE								
6165069	01	0232W-00069		10 DWN	04/19/2006	1.00	157.76	157.76	208	184437 0406
	B	N			05/23/2006	1.00	157.76	157.76	HCOST	527348 0506
Voucher: 396842 Vendor: 20568 WILLIAM C FERRELL Check: 648273										
6195917	1	OBTAIN COPY OF INFRINGED ITEM FOR PATENT								
6195918	2	DEFENSE ON 04-18-2006								

STITES & HARBISON CHECK REQUEST	CASH ACCOUNT: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> TRUST	AMOUNT: \$ 162.60	DATE REQUESTED: 4/7/06	NEED: <input type="checkbox"/> ASAP <input checked="" type="checkbox"/> Normal Course of Business <input type="checkbox"/> Other Date: Time:
	PAYEE: ⁴⁰⁰⁰ Stephen H. Price PURPOSE: purchase of Fallon product infringing client's patent			
CHARGE TO (CLIENT NAME OR TYPE OF FIRM EXPENSE): iLight / Fallon		CLIENT CODE: 0232W	MATTER CODE: 00069	
REQUESTOR'S NAME (Person Requesting Check): SHD		OFFICE LOCATION: <input type="checkbox"/> Louisville <input type="checkbox"/> Atlanta <input type="checkbox"/> Jeffersonville <input type="checkbox"/> Alexandria <input type="checkbox"/> Lexington <input checked="" type="checkbox"/> Nashville <input type="checkbox"/> Frankfort		
SEND CHECK TO: <input checked="" type="checkbox"/> REQUESTOR <input type="checkbox"/> ABOVE PAYEE AT ADDRESS SHOWN <input type="checkbox"/> OTHER (SPECIFY):				
ACCOUNTING USE ONLY		SIGNATURE OF AUTHORIZED PERSON:		
DEBIT	CREDIT	CHECK NO.		

396208

Our Business Is Saving
Your Business Money.™



CLUB MANAGER G LIVINGSTON
(615) 834 - 9092
Fax and Pull # (615)333-2602
NASHVILLE, TN

03/30/06 10:52 1598

W MEMBER 101-2324810987

THANK YOU

STITES & HARBISON, PLLC ADMIN

****SUSPEND ITEMS FOLLOW****

58929 DT SPRK ICE	11.86 R
968794 FRITOLAY 2PK	4.88 R
413823 OPENSTON	148.83 I
272088 KORNELI C SA	8.78 R
955756 SK RE BERRY	7.83 R
692127 COPPE STONE	6.87 T
952475 CERE BARS	8.48 R
444252 SENSER EXCEL	30.88 T
385312 GATTADE	14.23 R
760136 SK MILK	2.18 R
876311 SM SALMON	9.88 R
319684 GROUND BEEF	11.92 R
862342 MM CEREAL	4.78 R

****SUSPEND ITEMS COMPLETE****

SUBTOTAL	271.40
TAX 1 9.250 %	17.26
TAX 2 8.250 %	7.00
TOTAL	295.66
CHECK TEND	295.66
CHANGE DUE	0.00

ITEMS SOLD 13

TC# 1043 4266 5282 5774 7569 1

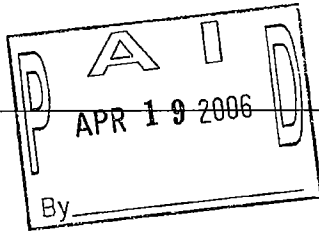


Business Members: Join us for
small business week. April
03/30/06 10:53

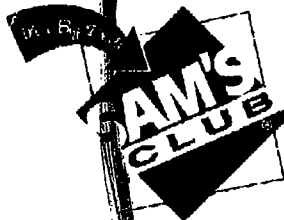
148.83
x 1.0925

\$ 162.60

STITES & HARBISON CHECK REQUEST	CASH ACCOUNT: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> TRUST	AMOUNT: \$157.76	DATE REQUESTED: 4/18/06	NEED: <input type="checkbox"/> ASAP <input checked="" type="checkbox"/> Normal Course of Business <input type="checkbox"/> Other Date: Time:
	PAYEE: William C. Ferrell 20568			
PURPOSE: Obtain copy of infringed item for patent defense				
CHARGE TO (CLIENT NAME OR TYPE OF FIRM EXPENSE):			CLIENT CODE: 0232W	MATTER CODE: 00069
REQUESTOR'S NAME (Person Requesting Check): William C. Ferrell		OFFICE LOCATION: <input checked="" type="checkbox"/> Louisville <input type="checkbox"/> Lexington <input type="checkbox"/> Atlanta <input type="checkbox"/> Nashville <input type="checkbox"/> Jeffersonville <input type="checkbox"/> Frankfort <input type="checkbox"/> Alexandria		
SEND CHECK TO: <input type="checkbox"/> REQUESTOR <input checked="" type="checkbox"/> OTHER (SPECIFY): Annie Rivers		<input type="checkbox"/> ABOVE PAYEE AT ADDRESS SHOWN		
ACCOUNTING USE ONLY		SIGNATURE OF AUTHORIZED PERSON: Annie Rivers		
DEBIT	CREDIT	CHECK NO.		



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SAM'S CLUB
CLUB MANAGER TODD DAVIS O
(812) 288-0310
(812) 288-0310
CLARKSVILLE, IN
04/18/06 13:59 6805 1851 006 405
V MEMBER 101-10366023190

THANK YOU,
WILLIAM FERRELL JR

413823 OPENSIGN	148.83 T
SUBTOTAL	148.83
TAX 1 6.000 %	8.93
TOTAL	157.76
DEBIT CASH BACK	20.00
TOTAL DEBIT PURCHASE	177.76
DEBIT TEND	157.76
CHANGE DUE	20.00

EFT DEBIT PAY FROM PRIMARY
ACCOUNT : 9250
157.76 PURCHASE
20.00 CASH BACK \$ 157.76
177.76 TOTAL PURCHASE 0232W/
REF # 610800057540
NETWORK ID. 0090 APPR CODE 945078 /00069
04/18/06 13:59:58

ITEMS SOLD 1

TC# 1744 7000 4180 1887 6896 4



Celebrate Cinco De Mayo
Get your party supplies at Sam's Club
04/18/06 14:00:03

STITES & HARBISON CHECK REQUEST	CASH ACCOUNT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> TRUST	AMOUNT: \$65.00	DATE REQUESTED: 4/06/09	NEED: <input type="checkbox"/> ASAP <input checked="" type="checkbox"/> Normal Course of Business <input type="checkbox"/> Other Date: Time:
	PAYEE: John W. Scruton <i>15627</i>			
PURPOSE: Reimbursement for purchase of Fallon LED "Open" sign for trial exhibit		CHARGE TO (CLIENT NAME OR TYPE OF FIRM/EXPENSE): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> P A I D APR 07 2009 </div>		
CLIENT CODE: 0232W		MATTER CODE: 00069		
REQUESTOR'S NAME (Person Requesting Check): John W. Scruton		OFFICE LOCATION AND FLOOR: <input checked="" type="checkbox"/> Louisville <u>18</u> <input type="checkbox"/> Atlanta <input type="checkbox"/> Jeffersonville <input type="checkbox"/> Alexandria <input type="checkbox"/> Lexington <input type="checkbox"/> Nashville <input type="checkbox"/> Frankfort		
SEND CHECK TO: <input type="checkbox"/> REQUESTOR <input type="checkbox"/> ABOVE PAYEE AT ADDRESS SHOWN <input checked="" type="checkbox"/> OTHER (SPECIFY) Annie Rivers				
DEBIT		CREDIT		CHECK NO.
SIGNATURE OF AUTHORIZED PERSON: <i>Annie Rivers</i>				

Reminders:

- Please copy receipts onto 8½ x 11 paper and clip the copied page(s) to the Check Request form.
- If you are e-mailing this form to Accounting, do not use the File + Send To Mail Recipient option in Word. This form should be a Word or Adobe attachment to your e-mail message.

[Back to order details](#)



Payment Summary

Date printed: Apr-04-09

Status: Paid with PayPal on Apr 04, 2009.
 Seller: jessikarae128
 Buyer: papasnake59

Shipping

Seller should ship to: John Scruton
 400 W Market St Suite 1800
 Louisville KY 40202
 United States
 (502) 681-0320

Payment

Item Name	Shipping	Qty	Price
Neon Open Sign.130295503658	US Postal Service Parcel Post: US \$15.00 Estimated delivery: 5-12 business days*	1	US \$50.00
			Subtotal: US \$50.00
			Shipping & handling: US \$15.00
			Total: US \$65.00

Payment details: PayPal

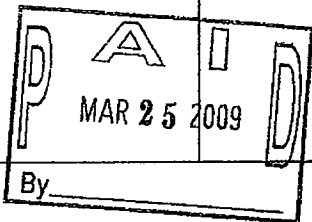
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eBay official time

*Reimbursement, please.
 Fallon LED open sign for trail
 exhibit.*

0232W/00069

justin

STITES & HARBISON CHECK REQUEST	CASH ACCOUNT	AMOUNT:	DATE REQUESTED:	NEED:
	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> TRUST	\$74.18	3/25/09	<input type="checkbox"/> ASAP <input checked="" type="checkbox"/> Normal Course of Business <input type="checkbox"/> Other Date: Time:
PAYEE: John W. Scruton 15627		PURPOSE: Reimbursement for purchase of a sign for use as a trial exhibit By 		
CHARGE TO (CLIENT NAME OR TYPE OF FIRM EXPENSE):		CLIENT CODE:	MATTER CODE:	
		0232W	00069	
REQUESTOR'S NAME (Person Requesting Check):		OFFICE LOCATION AND FLOOR:		
John W. Scruton		<input checked="" type="checkbox"/> Louisville 18 <input type="checkbox"/> Lexington _____ <input type="checkbox"/> Atlanta _____ <input type="checkbox"/> Nashville _____ <input type="checkbox"/> Jeffersonville _____ <input type="checkbox"/> Frankfort _____ <input type="checkbox"/> Alexandria _____		
SEND CHECK TO:				
<input type="checkbox"/> REQUESTOR <input type="checkbox"/> ABOVE PAYEE AT ADDRESS SHOWN <input checked="" type="checkbox"/> OTHER (SPECIFY) Annie Rivers				
ACCOUNTING USE ONLY				SIGNATURE OF AUTHORIZED PERSON:
DEBIT	CREDIT	CHECK NO.		
				Annie Rivers

Reminders:

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- If you are **e-mailing** this form to Accounting, do not use the File + Send To Mail Recipient option in Word. This form should be a Word or Adobe attachment to your e-mail message.



Hi, papasnake59! (Sign out)

Reimbursement request = this
is for purchase of a Fallon neon "open"
sign for use as a trial exhibit.
0232W/00069

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[eBay Security & Resolution Center](#)[Home](#) > [My eBay](#) > [Order details](#)

Order details

Shipping details

John Scruton
400 W Market St Suite 1800
Louisville KY 40202
United States
(502) 681-0320

Payment details

PayPal



VISA



DISC. VIT

BANK

Order details

Item title	Available actions	Shipping & handling	Price
------------	-------------------	---------------------	-------

Seller: sellitshop (1810 ★) [Contact seller](#)

[Printer version](#)☒ Paid on Mar-24-09 via PayPal

OPEN Sign Red & Blue Neon Nice n'
Bright!
190294526216 - Price: US \$49.99
Quantity: 1

Leave
feedback

UPS Ground: **US \$24.19**
Estimated delivery: 4-9 business days*

US \$49.99

Payment instructions:

Indiana residents are subject to a 7.0% sales tax which is charged during the Checkout process. We accept payment through USD PayPal, or Cash at local pickup. At the end of the auction, the winning bidder can pay using the checkout button, or wait to receive an automated email invoice shortly after the Auction ends. Checkout or Pick-up must be completed within 7 days after the auction ends.

Subtotal:	US \$49.99
Shipping & handling:	US \$24.19
Total:	US \$74.18

*The estimated delivery time is based on the seller's handling time, the shipping service selected, and the payment method selected.

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eBay official time

[About SSL Certificates](#)



Statement of Services

TIN # 76-0641482

Invoice submitted to:

May 4, 2009

Sheryl Littlefield
Stites & Harbison
401 Commerce Street, Suite 800
Nashville, TN 37219

Invoice #050109

Re: iLight v. Fallon Trial – Final Trial Invoice

<u>Date</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>
04/22/09	Travel to Cookville, TN from Houston, TX	½ Day Charge	\$925.00
04/22/09	Arrive at the hotel, meet Melissa Hunter and begin preparing for Day 2 of trial.	3.0 hrs @ \$185/hr	555.00
04/23/09	Prepare early in the day; attend and present Day 2 of trial beginning @ 1:00pm; continue preparing documents and videos for Day 3.	18 hrs @ \$186/hr	3,330.00
04/24/09	Present Day 3 of trial; continue preparing for Day 4.	13 hrs @ \$185/hr	2,405.00
04/25/09	Weekend Preparation	10 hrs @ \$185/hr	1,850.00
04/26/09	Weekend Preparation	10 hrs @ \$185/hr	1,500.00
04/27/09	Present Day 4 of trial; continue preparing for Day 5.	12 hrs @ \$185/hr	2,220.00
04/28/09	Present Day 5 of trial; continue preparing for closing argument.	15 hrs @ \$185/hr	2,775.00
04/29/09	Day 6 of trial; travel back to Houston.	10 hrs @ \$185/hr	1,850.00
	Airfare – Electronic receipt attached		544.20
	Southwest Airlines over weight fee for computer equipment box (\$25 each way)		50.00
	Car Rental – Electronic receipt attached		417.50
	Meals – Receipts attached		89.51

2800 E Broadway, Suite C, #117 • Pearland, Texas 77581

Tel: (281) 485-4025 • Fax: (281) 489-8122 • e-mail: cagnew@airmail.net

	Parking (Houston Airport) – Receipt attached		<u>45.00</u>
	Total		\$18,556.21
	Retainer Fee Paid		<u>-10,000.00</u>
	Total Amount Due		\$8,556.21

Please remit total amount due on or before May 12, 2009.

A service charge of 1 ½ % per month will be applied to all past due balances.

A copy of (paid) retainer fee invoice is attached for reference.



Credit card payments are accepted. Please provide the information below, sign and fax back.

Credit Card Number

Expiration Date

Authorized Signature

\$8,556.21
Amount

Thank You!

2800 E Broadway, Suite C, #117 • Pearland, Texas 77581

Tel: (281) 485-4025 • Fax: (281) 489-8122 • e-mail: cagnew@airmail.net



Advanced Litigation Solutions, Inc.

"Real Answers for Real Problems"

Summation Training • Case Management • Trial Presentation

Trial Services Invoice

TIN # 76-0641482

Invoice submitted to:

April 25, 2009

Sheryl Littlefield
Stites & Harbison
401 Commerce Street, Suite 800
Nashville, TN 37219

Invoice # 040709

Re: iLight v. Fallon - Trial Presentation using Trial Director

Estimated 7 days of trial @ \$1,850/day = \$12,950.00

Two travel days @ \$925.00/day = \$1,850.00

Retainer fee to be paid on or before April 28st = \$10,000.00

- At the conclusion of trial, a final bill will be submitted. Payment for final bill is expected within 7 days of submission. A service charge of 1 ½ % per month will be applied to all past due balances.
- Hourly rate during trial is \$185/hr with a 10 hour minimum each day. Anything over 10 hours per day is billed at \$185/hr., including working weekends.
- Travel time is billed at ½ the daily rate.
- All expenses (rent car, meals, etc) will be billed with the final invoice.
- Delays, extensions and rescheduling by the court could occur. For that reason, all times are estimated until trial is completed.
- In the event of settlement prior to trial, retainer fee is non-refundable.

Advanced Litigation Solutions will provide the following equipment:

- 1 Laptops for Trial Presentation
- 1 External USB Hard Drive for backup purposes
- 1 Portable Color Scanner
- 1 Portable Color Printer

2800 E. Broadway, Suite C #117 • Pearland, Texas 77581

Tel: (281) 485-4025 • Fax: (281) 485-0324 • e-mail: cagnew@airmail.net



LOW FARES. NO HIDDEN FEES. **SAVE NOW** ▶

Receipt and Itinerary as of 04/22/09 7:09 PM

Confirmation Number

J5W3Y9



For Business Select Customers
(where available)

Confirmation Date: 04/22/09

Received: WN/CHARLENE AGNEW BY ICBM

Be prepared when you get there!

Consult [Travel Guide](#) for relevant
tips from real travelers.

Passenger Information

Passenger Name	Account Number	Ticket#	Expiration ¹
AGNEW/CHARLENE	00000048568236	5262125359364	04/22/10

¹ All travel involving funds from this Confirmation Number must be completed by the expiration date.

Itinerary

Date	Flight	Routing Details
Wed Apr 22	3238	Depart HOUSTON HOBBY (HOU) at 8:00 PM Arrive in NASHVILLE TN (BNA) at 9:50 PM
Wed Apr 29	56	Depart NASHVILLE TN (BNA) at 5:30 PM Arrive in HOUSTON HOBBY (HOU) at 7:40 PM

Cost and Payment Summary

Air	\$ 489.30
Tax	\$ 43.90
PFC Fee	\$ 6.00
Security Fee	\$ 5.00

Total Payment: 544.20

Current payment(s)

04/22/09 Amer Express XXXXXXXXXXXX1003 \$544.20

Fare Rule(s)

All travel involving funds from this Confirmation Number must be completed by the expiration date. Any change to this itinerary may result in a fare increase.

Fare Calculation:

HOU WN BNA244.65KZBP WN HOU244.65KZBP 489.30 END ZPHOUBNA XFHOUB3BNA3
AY5.00\$HOU2.50 BNA2.50

2800 E Broadway, Suite C, #117 • Pearland, Texas 77581

Tel: (281) 485-4025 • Fax: (281) 489-8122 • e-mail: cagnew@airmail.net

Houston Airport System Receipt



Entry April 22, 2009 18:56 Lane HOU-PK03-01

Exit April 25, 2009 12:48 Lane HOU-PK04-02

EZ TAG Number 03775784

Parking Fee \$45.00

License plate JZD694 License state TX

Thank you for parking at the Houston Airport System

Harris County Toll Road Authority

Contact Customer Service:

281-875-EASY (3279) M-F 7:30a-5:30p & Sat 8:00a

2800 E Broadway, Suite C, #117 • Pearland, Texas 77581

Tel: (281) 485-4025 • Fax: (281) 489-8122 • e-mail: cagnew@airmail.net

AC-167TH (Rev. 11/08)

49-011517

Corporate Express Document & Print Management

ISSUED BY AND VALID ONLY ON
SOUTHWEST AIRLINES**Passenger Receipt**OVER WEIGHT
BAGISSUED BY AND VALID ONLY ON
SOUTHWEST AIRLINES

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON.
 PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH
 STANDARD POLICY OF COMPANY ISSUING CARD. NO REFUNDS ON LOST TICKETS.

X _____
SIGNATURE OF CARDHOLDER

NAME OF PASSENGER
 AGNEW/CHARLENE
 X/O FROM
 HOUSTON HOBBY
 X/O TO
 HOUSTON HOBBY

DATE OF ISSUE 22APR09 PLACE OF ISSUE HOUATA11
 NOT TRANSFERABLE PNR/CARRIER CODE J5W3Y9 / WN
 CARRIER FLIGHT CLASS DATE TIME STATUS
 NOT VALID FOR TRAVEL
 FARE BASIS/TICKET DESIGNATOR NOT VALID BEFORE NOT VALID AFTER
 ISSUED IN EXCHANGE FOR CONJUNCTION TICKETS

ISO CODE US NAME OF PASSENGER
 AGNEW/CHARLENE

ITINERARY
 HOUBNAWN3238 K22APR
 BNAHOUWN1396 K24APR

ENDORSEMENTS/RESTRICTIONS

51 - 70 lbs. Overweight Bag(1)

FP AX AUTH: 567933 \$25.00 FC

FARE \$0000.00 MISC \$0025.00
 TAX \$0000.00
 TAX XF \$0000.00
 TOTAL \$0025.00

EQUIV. FARE PR. ALLOW PCS WT UNCKD

CPN 0 DOCUMENT NUMBER 5262600422054 CK 6

NOT VALID FOR TRAVEL

0 5262600422054 6

AC-167TH (Rev. 11/08)

49-011517

Corporate Express Document & Print Management

ISSUED BY AND VALID ONLY ON
SOUTHWEST AIRLINES**Passenger Receipt**OVER WEIGHT
BAGISSUED BY AND VALID ONLY ON
SOUTHWEST AIRLINES

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON.
 PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH
 STANDARD POLICY OF COMPANY ISSUING CARD. NO REFUNDS ON LOST TICKETS.

X _____
SIGNATURE OF CARDHOLDER

NAME OF PASSENGER
 AGNEW/CHARLENE
 X/O FROM
 NASHVILLE TN
 X/O TO
 HOUSTON HOBBY

DATE OF ISSUE 29APR09 PLACE OF ISSUE BNAIA02
 NOT TRANSFERABLE PNR/CARRIER CODE J9NS9Z / WN
 CARRIER FLIGHT CLASS DATE TIME STATUS
 NOT VALID FOR TRAVEL
 FARE BASIS/TICKET DESIGNATOR NOT VALID BEFORE NOT VALID AFTER
 ISSUED IN EXCHANGE FOR CONJUNCTION TICKETS

ISO CODE US NAME OF PASSENGER
 AGNEW/CHARLENE

ITINERARY
 BNAHOUWN56 K29APR

ENDORSEMENTS/RESTRICTIONS

51 - 70 lbs. Overweight Bag(1)

FP VI AUTH: 034711 \$25.00 FC

FARE \$0000.00 MISC \$0025.00
 TAX \$0000.00
 TAX XF \$0000.00
 TOTAL \$0025.00

EQUIV. FARE PR. ALLOW PCS WT UNCKD

CPN 0 DOCUMENT NUMBER 5262600436516 CK 6

NOT VALID FOR TRAVEL

0 5262600436516 6

MEALS

Pappadeaux #33 (612)
7800 Airport Blvd., Space C11
Hobby Airport
Houston, TX 77061
(713) 847-7622

Server: Heather H Guests: 1
Ticket: 797 April 22, 2009
Table: 52 Dine In 07:33pm

Greek Salad Small 8.99
With
Shrimp 4.99
Tea 2.49

Subtotal: 16.47
Tax: 1.36

Total: 17.83

Credit Card -17.83

Change: 0.00

Car Rental

ALAMO

RA 416986599 Inv 40018521912
Rental 22-APR-2009 10:04 PM
NASHVILLE ARPT
Return 29-APR-2009 03:49 PM
NASHVILLE ARPT

CHARLENE AGNEW
Vehicle # 9G111617
Model TAURUS LIMIT
Class Driven PCAR Class Charged FCAR
License# NWS480 State/Province TX
M/Kms Driven 251
M/Kms Out 7494
M/Kms In 7745

Charges	No Unit	Price	Amount
T & M	1 Week	225.90	225.90*
OVERSTAY F	5 Days	10.99	54.95*
UNLIM M/KM	0 M/Kms		0.00*
DLY FF FEE	0		2.00*
FSO	1 Rental	34.92	34.92*
CONTRACT FACILITY CHARGE			28.00*
CONCESSION FEE RECOV			29.21*
VEH RENTAL TAX @3.000 %			11.25
SALES TAX @9.250 %			31.27

Total Charges USD 417.50

Paid By AMEX 1003 -417.50

Amount Due USD 0.00

* Taxable Items

Subject to Audit

Frequent Flyer 00000048568236 Credit to
SOUTHWEST AIRLINES

Customer service Number 1(800) 445-5664

Thank MEALS
Jon.



LongHorn Steakhouse
1000 Jefferson Ave S.
931-520-8620

Server: Daisha
Table 44/1
Guests: 2

04/26/2009
3:12 PM

#40008

Parmesan Crust Chic LP D	10.99
Unsweetened Tea	2.29
Honey Mustard Chkn Snd-D	8.99
Complete Subtotal	22.27
Sub Total	22.27
Tax	2.17
Total	24.44
Balance Due	24.44

MEALS

RED LOBSTER 0731
1410 Interstate Dr
Cookeville, TN 38501-4123

Check #: 32689

Table 4

Sara S
18:48:37 04/27/2009

Gst 1

	Guest No.1	
1 Iced Tea		2.29
1 Popcorn Shrimp		9.99
Subtotal	12.28	
Sales Tax	1.20	

18:48:37 04/27/2009

Please pay this amount
Total 13.48

(1003)Amex

13.48

Amount Due 0.00
Change 0.00

MEALS

HMSHOST
GIBSON BAR C14
NASHVILLE INT'L AIRPORT
CHECK: 2176
TABLE: 107/1
SERVER: 266 MARY
DATE: APR29'09 4:51PM
CARD TYPE: VISA AO 4*
ACCT #: XXXXXXXXXXXXX9291
EXP DATE: XX/XX
AUTH CODE: 085515
ADVANCED LITIGATN SLTNS

TOTAL: 18.81

TIP: -----

TOTAL: -----

X
I AGREE TO PAY THE ABOVE AMOUNT
IN ACCORDANCE WITH THE CARD
ISSUER'S AGREEMENT.



Cracker Barrel Store #15
Cookeville, TN
604845 INEZ L

TBL 221/1 6514 GST 1
APR28'09 12:56PM

1 ICED TEA UNSWEET	1.89
1 FF CFS	8.99
Subtotal	10.88
Tip	3.00
Tax	1.06
Total	14.94
Charged Tip \$	3.00
XXXXXXXXXXXX1003	
AUTHCODE:506879	
AMERICAN EXPRESS	14.94
--1188775 CLOSED APR28	1:31PM--